



Connecticut Department of
Energy & Environmental Protection
Bureau of Air Management
Engineering & Enforcement Division

Minor Modification Application for an Existing New Source Review Permit

This form is to be used for a New Source Review permit minor modification as described in RCSA section 22a-174-2a(e). Submit one application form for each permit to be modified.

Complete this form in accordance with CGS section 22a-174, RCSA sections 22a-174-1, 2a and 3a and the instructions (DEEP-NSR-INST-200MM) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the fee along with this form.

CPPU USE ONLY

App #: _____

Doc #: _____

Check #: _____

Program/EI/App Type:
Air Engineering/NSR/Minor Modification

Questions? Visit the [Air Permitting](#) web page or contact the Air Permitting Engineer of the Day at 860-424-4152.

Applicant Name	COVIDIEN LP (Formerly United States Surgical, Division of Tyco Healthcare Group LP)		
Town Where Site is Located	North Haven, CT	Existing Permit No.	135-0144

Part I: Fee Information

There are two options available for payment. **Option 1:** Submit the full permit minor modification fee of \$1,750.00 or \$3,250.00, which includes the \$940.00 application fee, with this application form. This option will shorten the permit process. For less than major emitting equipment, the full fee is \$1,750.00. For major emitting equipment, the full fee is \$3,250.00. **Option 2:** Submit only an application fee of \$940.00 with this application form and be billed the balance of the permit minor modification fee at a later date.

The fee for municipalities is 50% of the above listed rate. The application will not be processed until DEEP receives the application fee. The fee shall be paid by check or money order to the Department of Energy and Environmental Protection.

Fee Type (Check One Only)	Option 1	<input checked="" type="checkbox"/> Permit Minor Modification fee = \$1,750 [#195 + #207] (< major emitting equipment) <input type="checkbox"/> Permit Minor Modification fee = \$3,250 [#195 + #206] (major emitting equipment)
	Option 2	<input type="checkbox"/> Application fee only = \$940 [#195] (Permit fee balance will be billed later.)
Municipality (Any Town, City or Borough)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, 50% discount	

Part II: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/Index.jsp)
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the Request to Change Company/Individual Information to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. APPLICANT INFORMATION					
Applicant Name		Covidien, LP (Formerly United States Surgical, Division of Tyco Healthcare Group LP) Check at least one: <input checked="" type="checkbox"/> equipment owner <input checked="" type="checkbox"/> equipment operator <i>The applicant must be either the owner or operator of the equipment.</i>			
Mailing Address		195 McDermott Road			
City/Town		North Haven	State	CT	Zip Code 06473
Business Phone No.		203-492-8240	Extension No.		
Contact Person		Jean Paul Marius			
Title		EHS Manager			
Email		jeanpaul.marius@covidien.com By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.			
Applicant Type		<input checked="" type="checkbox"/> business entity <input type="checkbox"/> municipality <input type="checkbox"/> individual <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> tribal			
		If a business entity:	Business Type		<input type="checkbox"/> corporation <input type="checkbox"/> limited liability company <input checked="" type="checkbox"/> limited partnership <input type="checkbox"/> limited liability partnership <input type="checkbox"/> statutory trust <input type="checkbox"/> Other:
			Secretary of the State Business ID No.	0264413	<input type="checkbox"/> Check here if your business is NOT registered with the Secretary of State's office.
			<i>This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/Index.jsp)</i>		
Applicant's Interest in Property at which the Proposed Activity is to be Located		<input checked="" type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee <input type="checkbox"/> easement holder <input type="checkbox"/> Other:			
Are there co-applicants?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach additional sheet(s) with the required information as above.			

Part II: Applicant Information (continued)

2. PRIMARY CONTACT FOR DEPARTMENTAL CORRESPONDENCE AND INQUIRIES (if different than the applicant)						
Name	N/A					
Title						
Company/Individual Name						
Mailing Address						
City/Town		State		Zip Code		
Business Phone No.		Extension No.				
Email						
By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.						
3. EQUIPMENT OWNER OR EQUIPMENT OPERATOR (only complete if applicant is not both equipment owner and operator)						
Name	COVIDIEN LP (formerly United States Surgical, Division of Tyco Healthcare Group LP) Check one: <input checked="" type="checkbox"/> equipment owner <input type="checkbox"/> equipment operator					
Title	EHS Manager					
Company/Individual Name	COVIDIEN LP					
Mailing Address	195 McDermott Rd					
City/Town	North Haven	State	CT	Zip Code	06473	
Business Phone No.	203-492-8240	Extension No.				
Email	jeanpaul.marius@covidien.com					
4. ENGINEER(s) OR CONSULTANT(s) EMPLOYED OR RETAINED TO ASSIST IN PREPARING THIS APPLICATION (if different than the applicant)						
Name	N/A					
Title						
Company/Individual Name						
Mailing Address						
City/Town		State		Zip Code		
Business Phone No.		Extension No.				
Email						
Service Provided						

☐ Check here if additional sheets are necessary. Label and attach them to this sheet.

Part III: Permit Modification Information

1. SITE NAME AND LOCATION					
Name of Site		COVIDIEN LP (Formerly United States Surgical, Division of Tyco Healthcare Group, LP)			
Street Address or Location Description		195 McDermott Rd			
City/Town		North Haven	State	CT	Zip Code 06473
2. EXISTING PERMIT NO.		135-0144			
3. DESCRIPTION OF MODIFICATION					
Include a description of the proposed modification, the basis for such modification, any proposed monitoring procedures, any increase in potential emissions resulting from the proposed modification, and an identification of all regulatory, statutory, or otherwise applicable requirements that would become applicable as a result of such modification.					
The minor modification requested herein is due to:					
1) Equipment description: Ethylene oxide sterilizer #ST-8 will now be designated as #ST-B. The actual ethylene oxide sterilizer has not experienced any other changes. This change is requested to be consistent with the designation currently used by Production, Preventive Maintenance, Tech Services, and other departments.					
2) Overall Sterilization Capacity Reduction: Originally Covidien LP planned to operate four (4) sterilization systems consisting of four (4) sterilization chambers with their corresponding primary aeration rooms and two (2) shared secondary aeration rooms. However only two (2) sterilization chambers were installed; therefore there are two (2) sterilization chambers that do not exist. The individual permits for the sterilization chambers that will not be installed will be rescinded. See table below for a side-to-side comparison between the original and the modified permit:					
	Original Permit		Modified Permit		
Chambers (ea)	4		2		
Cycles / day	4		3		
EtO lb / cycle	50		50		
Monitoring procedures will remain the same as with the original permit.					
Allowable emission limits, as specified on permit 135-0144, PART V will remain the same.					
All regulatory, statutory or otherwise applicable requirements remain the same as with the original permit.					

Note: Pursuant to RCSA section 22a-174-2a(e)(3)(C), a permittee may implement the modifications proposed in the minor permit modification application no less than 21 days after filing a complete application with the commissioner. The permittee shall comply with the terms and conditions of the proposed modified permit and the terms and conditions of the existing permit that are not being modified, until the commissioner issues or denies the proposed modified permit.

Part IV: Attachments

Check the applicable box below for each attachment being submitted with this application form. All referenced forms may be accessed electronically, in WORD and PDF versions, on the [Air Emissions Permits](#) webpage. Check all that apply.

If any of the following are true...	Attach...	Required?	Attached
Permit is being modified	Marked up copy of the current NSR permit noting proposed changes Use redline to delete language and uppercase font to add proposed new language.	Required	<input checked="" type="checkbox"/>


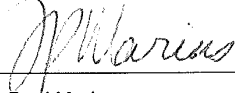
Source is being moved to another location on the premises	Site Plan showing the exact location of the stack(s), the latitude and longitude of the stack(s), all boundary lines of the property and measurements, and the horizontal distance from the stack base to the nearest property line; and	If Applicable	<input type="checkbox"/>
	A completed <u>CTMASC spreadsheet</u> , or equivalent, to demonstrate compliance with RCSA section 22a-174-29, Hazardous Air Pollutants.		<input type="checkbox"/>
Burner is being replaced	<i>Fuel Burning Equipment Form</i> (DEEP-NSR-APP-202)	If Applicable	<input type="checkbox"/>
Control equipment is being added	<i>Air Pollution Control Equipment Form</i> (DEEP-NSR-APP-210)	If Applicable	<input type="checkbox"/>
Stack parameters are being changed	<i>Stack Parameters Form</i> (DEEP-NSR-APP-211)	If Applicable	<input type="checkbox"/>

Part IV: Attachments (continued)

If any of the following are true...	Attach...	Required?	Attached
A change is made to the operation of the source (e.g., production or fuel usage increase/decrease, etc.), resulting in changed emissions	<i>Unit Emissions Form</i> (DEEP-NSR-APP-212)	If Applicable	<input type="checkbox"/>
Allowable emissions in the current permit are based on older versions of AP-42 emission factors	<i>Unit Emissions Form</i> (DEEP-NSR-APP-212) Recalculate the emissions using the most current AP-42 emission factors.	If Applicable	<input type="checkbox"/>
If the source was issued a permit to operate before March 1, 1986, compliance with RCSA section 22a-174-29 Tables 2 and 3 of the Hazardous Air Pollutants regulations shall be demonstrated	A completed <u>CTMASC spreadsheet</u> , or equivalent, to demonstrate compliance with Tables 2 and 3 of the RCSA section 22a-174-29, Hazardous Air Pollutants .	If Applicable	<input type="checkbox"/>
Allowable emissions for a pollutant, previously limited by a BACT/LAER determination are increased	<i>Analysis of Best Available Control Technology (BACT) Form</i> (DEEP-NSR-APP-214a)	If Applicable	<input type="checkbox"/>
Emissions for any pollutant are increased.	<i>Ambient Air Quality Analysis Form</i> (DEEP-NSR-APP-218)	If Applicable	<input type="checkbox"/>
If any parameter (e.g., hourly emissions, stack height, exhaust gas flow rate, property line distance), previously modeled, is changed	<i>Ambient Air Quality Analysis Form</i> (DEEP-NSR-APP-218)	If Applicable	<input type="checkbox"/>

Part V: Applicant Certification

The authorized representative **and** the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless all required signatures are provided.

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under section 22a-175 of the Connecticut General Statutes, under section 53a-157b of the Connecticut General Statutes, and in accordance with any applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text."</p> <p>"I certify, in accordance with RCSA section 22a-174-2a(e)(3)(B)(ii), that the proposed minor permit modification meets all regulatory, statutory, or applicable requirements identified in the subject application."</p>			
APPLICANT:			
Signature of Applicant		Date	4/15/15
Name of Applicant (print or type)	Jean Paul Marius		
Title (if applicable)	EHS Manager		
PREPARER:			
Signature of Preparer		Date	N/A
Name of Preparer (print or type)	Jean Paul Marius		
Title (if applicable)	EHS Manager		

Note: Please submit the completed Application Form, Fee, and all Attachments to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

A notice of permit application is **not** required for a permit minor modification application.